



Prescription Drug Monitoring Program Training and Technical Assistance Center

# *The Prescription Drug Monitor*

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## **2014 Harold Rogers Prescription Drug Monitoring Program (PDMP) National Meeting**

The 10<sup>th</sup> Annual Harold Rogers Prescription Drug Monitoring Program National Meeting will be held in Washington, D.C. from September 22 - 24 at the Marriott Metro Center, 775 12<sup>th</sup> Street, NW, Washington, DC 20005. Among the invited speakers are Michael Botticelli (Acting Director, Office of National Drug Control Policy) and Congressman Harold Rogers. This year's meeting contains several important topics for State PDMP Administrators and other stakeholders: new PDMP initiatives, Best Practices employed by PDMPs, round table discussion on prescription drug diversion and abuse, Prescription Monitoring Information Exchange (PMIX) National Architecture enhancements, Data-Driven Multi-Disciplinary Pilot Projects, data transmission from Indian Health Services and Veterans Affairs to PDMPs, and the latest research on PDMPs and identifying at-risk patients. Additionally, the Drug Enforcement Administration, Substance Abuse and Mental Health Services Administration, Centers for Disease Control, National Alliance for Model State Drug Laws, PDMP Center of Excellence, and Bureau of Justice Assistance have been invited to offer remarks. If you have not already registered, please do so. View the [REGISTRATION](#) form and preliminary [AGENDA](#).

Following the conclusion of the National Meeting on September 24<sup>th</sup>, there will be a meeting of the Prescription Behavior Surveillance System (PBSS) Project from 1:00 – 3:00 p.m. PBSS is a longitudinal, multi-state database of de-identified PDMP data developed to serve as an early warning public health surveillance tool, to help identify emerging trends and changes in prescription drug use and potential misuse and abuse. A project of the PDMP Center of Excellence at Brandeis University, PBSS is supported by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA), in partnership with the Bureau of Justice Assistance (BJA). On a quarterly basis, the project provides to each PBSS participating state a surveillance report consisting of 43 patient-, prescriber-, and pharmacy-level measures and risk indicators developed in collaboration with our federal partners. The purpose of this meeting is to discuss possible approaches and formats for participating states to share PBSS data with different audiences and constituencies, with which the PBSS project team can assist (additional information about [PBSS](#)). The meeting is open to PDMP administrators and staff and

federal partners. While there is no registration required, please let TTAC know in advance if you will participate.

### **United Nations Report on Synthetic Drug Use**

The United Nations Office on Drugs and Crime published a report on the increase in use of synthetic drugs. The report, 'Global Synthetic Drugs Assessment', provides an analysis of the global market for synthetic drugs. The report provides an overview of the global situation as well as analysis for specific geographic regions. Within each geographic region, the report details the status of manufacturing, trafficking routes, and evolving markets for amphetamines and psychoactive substances.

For North America, the report noted that stimulant seizures have increased from 12 tons in 2007 to approximately 60 tons in 2012. The United States leads the region in number of methamphetamine seizures, however, Mexico has seized a greater amount of methamphetamine; Canada has actually experienced a decrease in methamphetamine seizures between 2007 and 2012. Although Canada's information shows high levels of ecstasy use for people aged 15 and older at 5.3% in 2012, they are showing declines in the number of seizures. In the United States, ecstasy is only 1.2% for people aged 15 to 64 in 2011 coinciding with a dramatic decrease in number of seizures. The Drug Enforcement Administration reports that increased methamphetamine manufacturing in Mexico is responsible for the increase of the methamphetamine supply in the United State. With the increased supply, there has been a 70% drop in price and a rise in methamphetamine purity. The report also noted that the United States and Canada are home to the largest and most diversified markets for psychoactive substances. The number of reports, involving these substances, has almost a four-fold increase between 2010 and 2013. By 2013, synthetic cannabinoids accounted for 31% of the total followed by synthetic cathinones (24%) and phenethylamines (22%). View the [REPORT](#).

### **California Counties Sue Five Narcotics Manufacturers**

The Los Angeles Times reports that two (2) California Counties (Orange and Santa Clara) are suing Actavis, Endo Health Solutions Inc., Johnson & Johnson's Janssen Pharmaceuticals, Purdue Pharma, and Teva Pharmaceutical Industries' Cephalon Inc. The lawsuit seeks compensation for the damages allegedly caused by painkillers manufactured and promoted by the above companies. In addition, the state is seeking a court order to force these companies to forfeit revenue gained from contested marketing methods. The lawsuit states that the manufacturers promoted their painkillers to be safer than they are and listed benefits that were beyond what the Food and Drug Administration allowed. The California counties have been greatly impacted by overdose death, emergency room visits and increasing medical costs allegedly caused by the companies' "campaign of deception". Orange County District Attorney Tony Rackauckas made the decision to bring the lawsuit "as a matter of public protection" and claims that the

prescription abuse problem stems from the pharmaceutical companies putting profit over patient care. View the [ARTICLE](#).

### **U.S. Senate Caucus on International Narcotics Control**

On May 14, 2014, testimony was heard at the Senate Caucus on International Narcotics Control on prescription drug abuse and the increased use of heroin in the United States. Testimony was provided by Michael Botticelli (Acting Director, Office of National Drug Control Policy), Westley Clark (Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration), Andrew Kolodny (Chief Medical Office, Phoenix House Foundation), Joseph Rannazzisi (Deputy Assistant Administrator, Drug Enforcement Administration), and Nora Volkow (Director, National Institute on Drug Abuse). The hearing focused on the ways that the federal government could assist in reducing opioid abuse. The discussions covered prescription drug monitoring programs, alternative pain treatments, drug trafficking, and overprescribing of opiates. The complete hearing was videotaped and made available on C-Span.org. View the [VIDEO](#).

### **Evolution and Convergence of State Laws Governing Controlled Substance Prescription Monitoring Programs, 1998-2011**

A study was published in the American Journal of Public Health analyzing selected aspects of each state's prescription drug monitoring program (PDMP) statutes and regulations. The study focused on PDMP characteristics, reporting, identification of 'outliers', data sharing between prescribers and dispensers, data sharing among PDMPs, confidentiality, PDMP oversight, and data access. Researchers identified and compiled the statutes and regulations associated with PDMPs and detailed the status of PDMPs on the above categories for each state over time. Their goal was to provide a collection of statutes and regulations to assist in future research of PDMPs' effectiveness as tools for addressing the prescription drug abuse epidemic. Some notable changes between 1998 and 2011

1998	2011
46% operated by a law enforcement-type agency	17% operated by law enforcement-type agency
23% allowed access to prescribers and dispensers	93 % allowed access to prescribers and dispensers
0 States required prescriber access	5 States required prescriber access
8% required weekly reporting to PDMP	63% required weekly or less reporting to PDMP
3 States had data-retention laws	15 States had data-retention laws
4 States permitted to analyze PDMP data	26 States permitted to analyze PDMP data

View the [STUDY](#).

### **2014 South Regional Meeting**

The PDMP Training and Technical Assistance Center (TTAC) facilitated the 2014 South Regional Meeting in Charleston, SC on April 29th and 30th. PDMP representatives from every South

Region state (Arkansas, Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia), along with Tara Kunkel (Bureau of Justice Assistance) and Peter Kreiner (PDMP Center of Excellence), participated in this day and half meeting. Among the topics covered: Mandatory Enrollment and Use of PDMP Data, PDMP Data for Research or Surveillance Tool, Interstate Operability Between Hubs, and New Initiatives with the PMIX Architecture. Copies of the presentations are available on the TTAC website. View the [Presentations](#).

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## Did You Know?

- Five New England Governors met at Brandeis University on June 17<sup>th</sup> to discuss ways to handle the increase in drug overdoses, to improve monitoring of opioid painkillers, and to expand addiction treatment access. The governors agreed to form a working group to explore ways to share prescription data and to increase the accessibility to addiction treatment. Read the [ARTICLE](#). Dr. Peter Kreiner (Principal Investigator, PDMP Center of Excellence) was interviewed by Radio Boston about the meeting. Hear the [INTERVIEW](#).
- The PDMP Center of Excellence has added a new tab to their website: Performance. It provides information about PDMP effectiveness, evaluating PDMPs, and Performance Measures Analysis. The Performance Measures Analysis portion contains information reported by PDMPs participating in the Harold Rogers PDMP grant program.
- The 8<sup>th</sup> National Prescription Drug Take-Back Day, held on April 26, resulted in the collection of 780,158 pounds of prescription pills. The event was sponsored by DEA involved more than 4,000 state, local and tribal law enforcement partners at 6,072 collection sites.2014. Read the [DETAILS](#).
- The North Carolina Harm Reduction Coalition (NCHRC) has compiled a listing of the U.S. law enforcement departments that are currently carrying Naloxone. View the [LIST](#).
- A researcher with Washington University School of Medicine analyzed survey responses from treatment program patients across the country and found major demographic changes in heroin use over the last 50 years. The analysis shows that today's heroin users are older, live in non-urban areas, and probably turned to heroin after taking a prescription opioid. Read the [STUDY](#).
- U.S. Senator Charles Schumer announced a plan to create a database to track and combat the heroin crisis in New York State. ONDCP officials will meet with New York state and local government representatives to set up the statewide database known as 'DrugStat'. Read the [ARTICLE](#).
- The Substance Abuse and Mental Health Services Administration (SAMHSA) is developing and posting a series of fact sheets and issue briefs concerning the prevention of prescription abuse in the workplace. Read the [FACT SHEETS](#).

- A study by the Henry Ford Hospital in Detroit, MI revealed the majority (77%) of ‘super-frequent users’ who seek treatment in emergency departments (ED) have a substance abuse addiction. Of those patients, 47% were addicted to pain relievers. Read the [STUDY](#).
  - The Los Angeles Times reports the toll that Colorado’s marijuana laws are having on neighboring states. Read the [ARTICLE](#).
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## PDMPs News and Updates

- Arizona – [HB 2221](#) requires physicians to check the PDMP within 2 days of issuing a 30 day supply of opioids. [SB 1124](#) allows delegate accounts to access PDMP data and changes frequency of data submission to daily.
- Arkansas – Denise Robertson, PDMP Administrator, received the 2014 [Cardinal Health Generation Rx Award](#) from the Arkansas Pharmacists Association. This award honors a pharmacist who has demonstrated outstanding commitment to raising awareness of the dangers of prescription drug abuse among the general public and among the pharmacy community.
- Colorado – [HB 1173](#) allows the medical director at an addiction treatment facility access to PDMP records, if patient gives permission. [HB 1283](#) requires practitioners to enroll with PDMP, allows delegates, the Department of Public Health and Environment access to PDMP data for analysis purposes, and the Department of Health Care Policy and Financing access to PDMP data of recipients with state medical assistance program; allows PDMP to send unsolicited reports to prescribers and dispensers. [HB 1323](#) prohibits the state or local government from accessing a patient’s medical information with patient consent including PDMP data.
- District of Columbia - On February 22, 2014, the [Prescription Drug Monitoring Program Act of 2013](#) was passed. DC is the 51<sup>st</sup> PDMP established in the U.S. and its territories and districts.
- Florida – The Attorney General’s Office announced that the Florida law enforcement community will contribute portions of their forfeiture funds to subsidize the PDMP. View the [ANNOUNCEMENT](#).
- Georgia – The Georgia Prescription Drug Abuse Prevention Initiative launched their website which has many resources available to prevent and reduce prescription drug abuse in Georgia. View the [WEBSITE](#).
- Idaho – [HB 348](#) allows patients or third parties access to the PDMP data with a notarized consent form. [HB396](#) requires all prescribers (except veterinarians) to enroll annually with the PDMP.
- Indiana – [HB 1218](#) requires opioid treatment programs (OTPs) to report all controlled substances to PDMP; requires practitioners and OTPs to check PDMP data prior to prescribing a controlled substance; effective January 1, 2015, the PDMP will monitor all

prescription medications; modifies the frequency of data transmission to 3 days by July 1, 2015 and 24 hours by January 1, 2016.

- Iowa – [SF 2080](#) allows the sharing of PDMP information with bordering states and Kansas, effective July 1, 2014.
- Massachusetts – enacted emergency regulations requiring prescribers and pharmacists to check the PDMP under certain conditions. The Opioid Task Force announced recommendations to combat fatal opioid overdoses. View the [ANNOUNCEMENT](#).
- Maryland - [HB 1296](#) permits the PDMP to review the prescription data for indications of possible abuse or misuse and report it to the prescriber or dispenser following guidance from the technical advisory committee.
- Michigan – enacted regulations changing the frequency of data transmission to daily, if reporting online or within 7 days if mailing the information; requires that data corrections be made within 7 days. The new PDMP administrator is Tim Smith. Congratulations on your new position, Tim!
- Minnesota - [HF 2402](#) allows pharmacists, licensing boards, medical examiners, and health professionals services programs to access PDMP data; allows interstate data sharing with other PDMPs, allows unsolicited reports to prescribers and dispensers.
- Nebraska – [LB 1072](#), effective July 10, 2014, creates a PDMP for reporting of Schedules II through V and drugs of concern; requires reporting to PDMP within 1 hour of dispensing (effective 2 years after operational).
- Nevada – enacted regulations changing ASAP reporting requirement to version 4.2.
- New Hampshire – The new PDMP administrator is Michelle Ricco-Jonas. Congratulations on your new position, Michelle!
- New Jersey – The Governor’s Council on Alcoholism and Drug Abuse has launched an ad campaign and website targeting opiate addiction. View the [WEBSITE](#).
- New Mexico – enacted regulations requiring osteopathic physicians and optometrists to enroll and check the PDMP under certain conditions.
- North Dakota – enacted regulations requiring opioid treatment programs to check the PDMP at least once a month for each patient.
- Ohio – [HB 341](#) requires dentists, advance practice nurses, optometrists, pharmacists, physician assistants, physicians, and practitioners to check the PDMP under certain conditions and enacted regulations that modifies the transmission frequency to daily.
- Oklahoma - [HB 2665](#) allows interstate data sharing with other PDMPs. [SB 1183](#) requires the medical examiner to report decedent’s information to Oklahoma Bureau of Narcotics when cause of death is related to an overdose of controlled substances.
- Rhode Island – [HB 7574](#) and [SB 2523](#) allow delegates and require practitioners to enroll with PDMP.
- South Carolina – [SB 840](#) requires daily submission of data, allows delegates, and adds penalties for knowingly disclosing data in violation of the law.
- Tennessee – [HB 2072](#) allows drug court personnel access to PDMP data; enacted regulations to exclude veterinarians from reporting to PDMP. Governor Haslam

announced Tennessee's "Prescription for Success" plan. It is a multi-year strategy to combat the prescription drug abuse epidemic. View the [ANNOUNCEMENT](#).

- Utah – [SB 29](#) allow managed health care organization employees access to PDMP data on Medicaid recipients. [SB 178](#) allows pharmacy technicians access to PDMP data as a pharmacy delegate. Enacted regulations allowing access to PDMP data for scientific studies.
- Virginia – [HB 539](#) allows dispensers to appoint delegates. [HB 874](#) allows for tracking drugs of concern identified by the Board of Pharmacy. [HB 923](#) and [SB 526](#) allow the mailing of PDMP data to a patient upon request. [HB 1249](#) and [SB 294](#) require all prescribers to enroll with PDMP; requires prescribers to check the PDMP under certain conditions.
- West Virginia – enacted regulations requiring PDMP training as part of drug diversion training and best practice prescribing of controlled substances training for pharmacists.

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**Articles for The Prescription Drug Monitor** – If there are news items about your state's PDMP or if you have information that you believe would be of interest to other readers of The Prescription Drug Monitor, please let us know. The items can be sent to [info@pdmpassist.org](mailto:info@pdmpassist.org).

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**PDMP Training and Technical Assistance Center Providing Assistance** - Brandeis University's PDMP Training and Technical Assistance Center (TTAC) continues to provide assistance to grantees, non-grantees, federal partners, and other stakeholders. If you need information, training, or other assistance related to PDMPs, please don't hesitate to contact us. Your request will get immediate attention, including input from other states in our national PDMP network, if necessary. The TTAC can help with questions about program evaluation, operating costs, laws and regulations, vendors, advisory groups, education, and more.

You can reach the TTAC team by telephone 781-609-7741 or e-mail [info@pdmpassist.org](mailto:info@pdmpassist.org).

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**PDMP Center of Excellence at Brandeis** - Funded by the Bureau of Justice Assistance, the PDMP Center of Excellence (COE) at Brandeis University collaborates with PDMPs and other stakeholders to help PDMPs achieve their full potential in combating the prescription drug abuse epidemic.

Major program areas include: encouraging and evaluating innovative uses of PDMP data, compiling PDMP best practices, advancing methods for assessing PDMP effectiveness, and providing an online clearinghouse of information and tools to enhance PDMP operations and help establish new PDMPs.

The COE welcomes your input and collaboration in fulfilling its mission. You may contact the COE at [info@pmpexcellence.org](mailto:info@pmpexcellence.org) or call 781-736-3909.

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